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ABSTRACT

In the child mental health and child abuse fields, parent training has become a highly valued prevention and treatment service. A conceptual framework and a detailed description of three theoretically-based parent training approaches (Client-Centered, Adlerian, and Social Learning) are presented as background for this report on a two-year pilot testing of a professional training program (Personnel for Parent Development) for human services personnel. The training program teaches the three approaches mentioned through a general conference on parent training and a series of workshops that train personnel to deliver the services. Created by the Center for the Improvement of Child Caring in Los Angeles, the program is designed as a national model, and follow-up data on graduates of the two-year pilot phase indicate that they acquired knowledge and skills and are having an impact on the field of parent training. The program's current expansion phase is also described. (Author/MK)

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PERSONNEL FOR PARENT DEVELOPMENT PROGRAM

REPORT NUMBER ONE:

CONCEPTUAL FRAMEWORK AND PRELIMINARY RESULTS OF PILOT PHASE TRAINING CYCLES

By

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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ABSTRACT

In the child mental health and child abuse fields, parent training has become a highly valued prevention and treatment service. A conceptual framework and a detailed description of three theoretically-based parent training approaches (Client-Centered, Adlerian and Social Learning) are presented as background for reporting on the two year pilot testing of a program to train professionals to deliver parent training services. The program is designed as a national model and follow-up data on graduates of the pilot phase indicates that they are impacting thousands of persons through a variety of training uses. The program's current expansion phase is described.

Training parents to promote the healthy development of children is an idea whose time has arrived and the technology and personnel to implement the idea has begun to be developed.

The idea itself is not new. It has a long history in the United States dating back at least until 1800 (Brim, 1965). Over the last decade, however, it has received renewed interest. The acknowledgement of widespread parental abuse, neglect and exploitation of children has contributed to this renewed interest. Other inequities in how children are treated, which have been brought to greater awareness by advocates for children's rights, have played a part in stimulating recent interest in parent training.

Authorities in the child mental health and child abuse treatment and prevention field have increasingly recognized the need and value of parent training. Some governmental agencies have supported research and training programs to explore and develop the technology and personnel that is necessary to translate the idea into more effective and more available parent training services.

This article will report on a program that is designed as a national model for training mental health, social service and educational personnel to deliver parent training services. The program is called Personnel for Parent Development. It was created by the Center for the Improvement of Child Caring in Los Angeles and it is supported by grant funds from the National Institute of Mental Health (NIMH). The program has undergone two years of pilot testing and has impacted thousands of persons.

Before reporting on the program, we will review the recent thinking about parent training in the child mental health and child abuse fields. Because there is confusion

and ambiguity over what constitutes parent training, a definition will be offered that should be helpful in organizing and exemplifying the diverse activities involved. We will then describe the philosophy and child rearing methods of the parent training approaches that are currently being used ir the child mental health and child abuse fields with particular emphasis on three approaches, the Client-Centered, the Adlerian and the Social Learning. These are the approaches which are being used in the Personnel for Parent Development Program.

RECENT IDEAS ON PARENT TRAINING

In the early 1970's the Joint Commission on the Mental Health of Children stressed the need to establish preventative mental health services, such as parent training services (Mental Health of Children, 1973). The Joint Commission also stressed the need for innovative training programs for mental health personnel which would enable them to use themselves in new ways of role function, such as being parent trainers.

In the mid-1970's NIMH's Mental Health Services Development Branch commissioned a survey of a large number of child mental health authorities for recommendations to improve child mental health (Mitre Corporation, 1977). The authorities represented many disciplines, diverse service delivery contexts and various geographic regions. When the authorities rated the types of services that they believed were most important for improving child mental health, parent training was rated the most important service: "Parents and prospective parents should be specifically trained in effective ways of fostering healthy mental-emotional development and in dealing with problems of children. This training must be sensitive to children's developmental stages and to the needs of specific popula-

tion groups" (Mitre Corporation, 1977). The authorities further indicated that parent training services should be delivered in all types of service delivery contexts and by a wide variety of human service personnel who should be well trained in child development and parent effectiveness. They also noted that most of the currently available training curricula and materials were developed for middle-class White parents, and that these should be reworked or adapted for use with non-White populations.

Late in the 1970's President Carter's Commission on Mental Health stressed the need to place greater emphasis on preventative mental health services. Parent training can serve both primary and secondary prevention purposes (Alvy, 1977; Kessler and Albee, 1975). Thus, making these services more available through mental health and related service systems would help fullfill this often expressed need.

With the passage of the Child Abuse Prevention and Treatment Act of 1974, our country clearly acknowledged the widespread abuse and neglect of children by their parents. While the psychological, social, political and economic causes of abuse and neglect are complex and interactive, nearly all child abuse authorities agree that one of the major contributors is that most parents who use extremely negative child rearing methods have never personally experienced or been trained in positive and nonviolent methods (Alvy, 1975; Fontana, 1973; Gil, 1973; Helfer and Kempe, 1974, 1976).

This has led these persons to advocate for parent training as a primary prevention strategy. Publications from the National Center of Child Abuse and Neglect (DHEW, 1976a, b, c) as well as from such groups as the Child Abuse Council of the Education Commission of the States (Education Commission of the States, 1976) echo this plea.

A more recent development in the child abuse field

indicates that parent training is an essential service in secondary prevention strategies. Several specialized treatment programs for abusive parents have been stimulated and/or funded as a result of the official recognition of widespread parental abuse of children. Reports are now emerging which indicate that unless these treatment programs offer services to deal directly with the distorted child rearing practices of these parents the "treatment" is incomplete (Justice and Justice, 1976; Martin, 1976). Thus, parent training services are considered both a strategy for preventing abuse and neglect from occurring in the first place, and as an essential service to prevent those parents who are already abusing their children from doing so in the future.

Clearly, parent training has assumed a very high value among those who are professionally invested in improving the mental health of children and in preventing their maltreatment.

DEFINITION OF PARENT TRAINING

Defining an activity that does not have a commonly accepted reference term and which is conducted in many service delivery contexts is always difficult, and such is the case with parent training. Different terms have been used for similar activities. Terms such as parent education, parent guidance, and parent consultation have been used interchangeably with parent training. The activities to which these terms refer have been conducted in varied service delivery contexts including schools, hospitals, clinics, churches, parks, stores, and homes.

Several persons have offered definitions that include a general statement about the activity itself, and a general statement about the purpose of the activity. In Education for Child Rearing which was originally published in 1959, Sociologist Orville Brim defined parent training

as "an activity using educational techniques in order to effect change in parental role performance" (Brim, 1965). The Education Commission of the States (Education Commission of the States, 1976) defined it as "any type of educational program, involvement of intervention designed to increase parental competence and self-esteem in the parenting role." The authors of a book on parent training approaches (Lamb and Lamb, 1978) defined it as "the formal attempt to increase parents' awareness and facility with the skills of parenting."

We have found it helpful to employ a definition that is more specifically directed to the purposes of parent training. We define parent training as "an educational activity to change parental role performance in order to enhance both parent and child development." This definition can be broken into three major components.

Component One. Parent training is an educational activity. It is an activity conducted by an instructor, leader or trainer. The instructor has specific goals or objectives which she/he seeks to achieve with the parents. The instructor imparts, conveys or teaches information and skills which she/he wants the parents to know or use. The instructor employs educational methods such as lecturing, discussion, role-playing, demonstration, video and audio taping, films, reading and homework assignments.

The activity is time-limited. Training sessions can last for a few minutes, for hours or for entire days. The sessions can take place daily or once or twice a week for several weeks, months or years.

The activity varies in regard to degree of formality. It can be formally structured as when the trainer follows a definite curriculum with clear goals and objectives for each session, or it can be less formal as when a trainer

incorporates a few minutes of parent training into another activity, such as when a psychotherapist conveys some developmental information to a parent or demonstrates a child rearing skill within the context of a therapy session.

The activity can be directed toward one parent on a one-to-one trainer-trainee basis. It can be directed toward two or more parents of the same children on a conjoint or family basis, or it can be directed toward several unrelated parents on a group training basis.

Component Two. The primary objective of parent training is to change parental role performance. It is role-specific training to change how parents understand, nurture, guide, supervise, instruct, play with, manage, discipline, communicate and problem solve with their children. Although the skills learned through parent training may generalize and influence how one performs in other roles such as husband, wife, employee or employer, parent training is primarily designed to impact parent-child relationships through changing parental attitudes and behaviors.

Component Three. In changing parental role performance, parent training seeks to enhance both parent and child development.

Parent development is enhanced by providing parents with information and skills that increase their comfort and competence in relating to their children as they interact developmentally (Bigner, 1979). For example, many persons enter parenthood at a period in their lives when they are concerned about generativity which includes an interest in establishing and guiding the next generation. Parent training can enhance these developmental interests in several ways. By providing parents with information about their children's uniquenesses and similarities with other children of comparable backgrounds and developmental stages, parent training can enhance parental appreciation of child-

ren and alleviate anxieties based on archaic or distorted myths about children and child development. By providing parents with specific skills to resolve conflicts and diminish problems with children, parent training can enhance the daily experience of parents by providing them with ways of creating more conflict-free and more mutually-enriching time with their children. Thus, parent training can provide information and skills to enhance a generative stage of life by making child rearing more enjoyable and successful.

The aspects of child development that are enhanced by parent training greatly depend on the primary focus of a parent training service. For example, a service can focus on enhancing the child's physical development such as when parents are trained about healthy nutritional practices, detecting early signs of illness, utilizing health care services, or keeping the house safe for children (Johnston, 1977; Lally and Honig, 1977). This type of service is usually delivered in or through a medical setting.

Parent training can be focused on enhancing the child's intellectual and cognitive development such as when parents are trained to create a home environment that cultivates the child's curiosity, or when they are trained to help children identify and categorize objects or solve problems within their developmental reach (Gross and Gross, 1977; Lintz, 1976; Morris, 1976; Skinner, 1953; Stowitscheck and Hofmeister, 1975; Wandersman and Wandersman, 1976). Often these types of services are part of early enrichment or compensatory education programs like the federally-supported Head Start and Home Start programs (Social Research Group, 1972).

Parent training can be focused on enhancing the child's formal educational development such as when parents are trained to help their children identify figures, numbers and words, to read, write and solve mathematical problems, or to develop effective homework and study habits (DeFranco and Pickarts, 1977; Zifferblatt, 1970). These services are

often school-based or part of special education and child guidance programs.

Parent training services also can be directed toward enhancing the child's social and emotional development. Examples include training parents to respond sensitively to their baby's stranger and separation anxieties, training them to model prosocial ways of resolving interpersonal conflict, training them to help their children identify, express and accept sexual, aggressive and tender feelings, training them to help their children understand when and why certain behaviors are socially appropriate or inappropriate, and training them to help their children get along better with other persons and to feel good about themselves (Arnold, 1977; Becker, 1971; Berkman, 1976; Comer and Poussint, 1975; Corsini and Painter, 1975; Dinkmeyer and Mckay, 1976; Dreikurs, 1964; Dreikurs and Gray, 1968; Eimers, and Aitchison, 1977; Gordon, 1970; Guerney, 1968; Miller, 1975; Patterson, 1971, 1975, 1976). These types of parent training services are often used with parents of emotionally, intellectually or physically handicapped children in a variety of mental health, child guidance, mental retardation, special education and medical settings.

Finally, some parent training services are of an omnibus variety which seek to enhance all aspects of child development (Pickarts and Fargo, 1971). These services are often delivered in parent education programs at public schools, day care and child care settings.

PARENT TRAINING APPROACHES

Parent training services that are based on a particular theory or theoretical orientation are considered to be parent training approaches. There are at least six ap-

proaches which have been developed and employed within the mental health field. All of these approaches focus on enhancing the child's social and emotional development. All of them teach parents ways of understanding and relating to children that were originally used by professionals in treating and counseling children and adults. The six approaches are: the psychoanalytically-oriented Child Study Association of America approach (Auerback, 1967), the Rational Emotive Therapy approach (Ellis and Grieger, 1977), the Transactional Analytic approach (Bry, 1976; James, 1974, 1977), the Client-Centered approach (Carkhuff and Bierman, 1970; Fidler, 1969; Gordon, 1970, 1975, 1976; Guerney Jr., 1964, 1966), the Adlerian approach (Corsini and Painter, 1975; Dinkmeyer and McKay, 1976; Dreikurs, 1964), and the Social Learning and Behavioral approach (Becker, 1971; Eimers and Aitchison, 1977; Miller, 1975; Patterson, 1971, 1975, 1976).

The latter three approaches are the ones being used in the Personnel for Parent Development Program. Each of these three approaches promotes and teaches child rearing attitudes and techniques which are consistent with those that the child development research literature has found to be associated with high self-esteem and stable social adjustment in children (Bigner, 1979; Martin, 1975). The child rearing skills which they teach are intended to be applied across a wide range of situations and to deal with a wide range of child rearing problems. The skills are intended to be effective with different aged children. None of these three approaches imparts strictly developmental information about the capacities and limitations of different aged children.

Each approach is based on an explicit or implicit philosophy which influences its content and methodology. The philosophy also serves as an evaluative screening mechanism. Different child rearing attitudes and skills are judged

in light of the philosophy. Those which are consistent with the philosophy are promoted and taught; those which are not consistent are overlooked or renounced. There are different versions of each approach but each version shares in the philosophy of that approach.

The Client-Centered Approach. This approach is grounded in the humanistic philosophy and psychotherapy techniques of Carl Rogers (Rogers, 1951, 1963). The version which is being used is Parent Effectiveness Training or P.E.T. which was created in the early 1960's by Thomas Gordon. P.E.T. is a formally structured course of eight three-hour sessions that imparts a philosophy of human relationships and a set of child rearing skills that are intended to assist parents in building warm, close and enjoyable relationships with their children and in fostering a family environment that is supportive of the needs and growth of each family member (Gordon, 1970, 1975, 1976).

Aspects of the human relationship philosophy which infuses P.E.T. were developed out of Roger's ideas that maximum growth occurs within relationships that are characterized by high degrees of acceptance and genuineness. Acceptance entails being non-judgmental and genuineness entails being honestly self-revealing. Being genuine or real also means revealing when one is feeling judgmental.

These ideas get translated into a philosophy of parenthood that defines genuine or real parents as not hiding their true feelings, as inevitably feeling both accepting and unaccepting toward their children, as feeling different degrees of acceptance toward different children, as having different attitudes toward the same behaviors of their children at different times, and as accepting that their partners are real persons with similarly varied feelings toward their children.

Philosophic assumptions about the use of power in hu-

man relationships also infuse P.E.T. A distinction is made between power and influence: power forces, compels or prevents; influence persuades, convinces, educates or motivates. The use of physical and psychological power is seen as a major contributor to dehumanization and alienation. These ideas get translated into an injunction against using parental power, which means renouncing the use of rewards and punishments in managing the behaviors of children.

P.E.T. is also informed by philosophical assumptions about civil rights. Children are considered as possessing civil rights. They are entitled to their own values, beliefs, preferences, style and philosophy of life. This gets translated into cautioning parents against intruding into spheres of their children's lives that do not have tangible or concrete affects on them.

P.E.T. begins by teaching parents to understand their children's behavior as being either acceptable or unacceptable based on the changing moods and needs of the parent and the child, and based upon the changing characteristics of the environment. It then orients parents how to identify when (a) their child's behaviors are acceptable to them but indicate that the child is experiencing a problem in living, (b) their child's behaviors evoke feelings of unacceptance in them which indicates that they have a problem, and (c) the child's behaviors are acceptable and no one has a problem.

P.E.T. then teaches parents a set of basic and interrelated skills to use differentially on the basis of problem ownership and existence. It teaches empathic listening skills to use when the child is experiencing a problem in living (the "language of acceptance" or "Active Listening"). It teaches confrontive communication skills to use when the child's behavior creates a problem for them (I-Messages). It teaches systematic skills for resolving

parent-child conflicts without resorting to parental power (the No-Lose Conflict Resolution Method which enlists the child's ideas in arriving at creative solutions and which requires the use of Active Listening). It teaches communication skills to use when there are no problems and parents want to keep things that way (Positive I-Messages).

P.E.T. also teaches skills for modifying the home environment to influence the child's behavior (Adding, Removing, Changing or Planning the environment). and skills for dealing with collisions of value between parents and children (Modeling, Consulting and Modifying Self).

Every block of time within the eight three-hour sessions of the course has specific skills to be taught by specific training methods including instructor presentations, demonstrations, diagraming and coaching; classroom exercises and exercises from a Parent's workbook; discussions of audio taped examples of the skills; role playing; homework readings; and home practice of skills with children and sharing home practice results with the class. The instructor models the P.E.T. philosophy and skills as the course is being conducted.

The Adlerian Approach. This approach is grounded in the Individual psychology of Alfred Adler (Adler, 1938, 1957) and the Adlerian child rearing philosophy and techniques of Rudolph Dreikurs (Dreikurs, 1964; Dreikurs and Gray, 1968). The approach teaches a philosophy of family life and a set of child rearing skills that are intended to promote family unity, positive relationships, self-confidence and independence in children.

The approach is based on fundamental assumptions from Adlerian psychology that all behavior occurs for a social purpose and that people are decision-making social beings whose main goal in life is to belong. These assumptions get translated into viewing a child's behaviors as always

reflecting the need to belong, regardless of how negative the behaviors may seem to adults.

The approach is also based on a democratic philosophy of family life which emanates from a belief that American society is moving toward greater social equality and that family life should reflect and promote social equality. The use of simple rewards and punishments to get children to obey are renounced because these techniques are interpreted as being part of an autocratic social system.

The approach has an explicit philosophy about parenthood that distinguishes between being a "good" and being a responsible parent. "Good" parents believe that they must control the child, that they are superior to the child, that they are entitled to getting back good things from the child, that they must be perfect, and that others are really more important than they are. Responsible parents believe that the child can make decisions, that they are equal and not more or less worthwhile than others, that mutual respect exists, that they are human and therefore imperfect, and that all people are important including themselves. It contends that there are different child rearing attitudes and methods associated with these beliefs and it promotes those which are assumed to be associated with being a responsible parent.

Until the mid-1970's, the approach was taught primarily through a parent study group procedure where Dreikur's 1964 book, Children: The Challenge, was read and discussed with a group leader. Parents were stimulated to adopt and apply the democratic philosophy and child rearing techniques which are described in the book. Some of the more recent Adlerian parent study groups are using A Parents' Guide to Children: The Challenge which contains specific homework assignments that are related to chapters in the book (Zuckerman, 1978).

There are four basic sets of Adlerian techniques. (1) Orienting parents to understand their children's behaviors in terms of their purposes or goals, and especially in terms of the four goals of misbehavior: attention, power, revenge, and display of inadequacy. These goals of misbehavior are assumed to emanate from children's faulty beliefs that they cannot get along in useful ways and that they must misbehave in order to belong. Parents are instructed how to identify which goal is operating at any particular time and to respond differentially. (2) Instructing parents to use encouragement as contrasted with praise to develop self-confidence and self-worth in children. (3) Instructing parents to use natural and logical consequences to replace simple reward and punishment. (4) Instructing parents to conduct family meetings as a vehicle for expressing complaints and positive feelings, for planning chores and activities, for resolving conflicts, and for making family decisions.

In 1976 Don Dinkmeyer and Gary McKay published a more systematic and multi-media program for imparting the Adlerian philosophy and techniques called Systematic Training for Effective Parenting or S.T.E.P. It is a formally structured course of nine two-hour sessions. It is the version which is being used in the Personnel for Parent Development Program.

S.T.E.P. not only teaches the Adlerian philosophy and four basic sets of skills, but it incorporates and teaches many aspects of the skills which are taught in P.E.T. Two of the nine sessions are devoted entirely to listening skills and problem solving strategies like those in P.E.T. and to determining problem ownership and constructing and delivering confrontive I-Messages.

S.T.E.P. employs a variety of training aides. Posters and charts illustrate the concepts and skills of each

session. Audio cassette tapes for each session present the basic points, give real life examples of the skills and stimulate group exercises for understanding and practicing the skills. Parents read and follow a richly illustrated handbook that contains session-to-session homework assignments. The instructor models a democratic approach in leading the group.

The Social Learning Approach. This approach is grounded in the learning theories and principles associated with B.F. Skinner (Skinner, 1953) and Albert Bandura (Bandura, 1969, 1971) and as applied to child rearing by such persons as Gerald Patterson (Patterson, 1971, 1975, 1976) and Wesley Becker (Becker, 1971). The approach teaches a philosophy of social behavior and a set of child rearing skills to decrease negative and disturbing interactions between parents and children and to increase positive interactions. In so doing, the approach intends to promote warm and loving relationships in the family.

The approach is based on a philosophy of social behavior that emanates from the belief that society molds the individual's behavior and that there are lawful principles that underlie this molding process. The principles are derived from experimentally established research findings, and understanding them provides a basis for a more conscious, self-determined and positive use of the process.

Only a restricted range of these social learning principles are taught in parent training (Patterson, 1975). The emphasis is on those which govern the effectiveness of various kinds of reinforcing consequences. The consequences can be social (praise, punishment, attention) or non-social (food, money, privileges, etc.). The approach emphasizes the role of social reinforcing consequences. It assumes that the positive and negative reinforcements that maintain a child's deviant and pro-social

behaviors are provided by persons in the social environment and that many behaviors can be changed by altering these social consequences (Patterson, 1975).

The approach does not have an explicit philosophy of parenthood to inform its choice of child rearing methods. What appears to serve in its place is the orientation that characterizes behavior modification in general: an overriding concern for the development and systematic evaluation of methods that are objective, replicable and efficient (Mash, 1976). This orientation gets translated into teaching parents to understand their interactions with their children in objective behavioral terms, to keep detailed records of those behaviors that they would like to change, and to use these records as standards against which different reinforcement techniques can be evaluated.

There are many versions of this approach. The Personnel for Parent Development Program has employed two versions. One is called Systematic Parent Training (Miller, 1975). It was developed within a children's outpatient psychiatric service in a hospital setting and it focuses on training individual parents. It employs extensive screening procedures, very thorough record keeping procedures, and possibly the most sophisticated set of social and non-social reinforcement techniques of any of the current versions. The second version, called Confident Parenting: Survival Skill Training (Eimers and Aitchison, 1977), was developed as part of an NIMH-supported project for use within community mental health settings (Aitchison and Liberman, 1973, 1975). This version focuses on training parents in groups and it is designed primarily for use with parents of pre-school and elementary school children. It is a formally structured course of ten two-hour sessions.

In addition to teaching the behavioral orientation and record-keeping procedures, the Confident Parenting version teaches four basic and socially-oriented parenting methods. (1) It starts off by teaching the method that is believed to be the most powerful, and upon whose frequent and appropriate use the success of the other methods depend. It teaches social reward or the "art of effective praising" as the primary method to help parents learn how to increase positive behaviors in children. It prefers this method over tangible, non-social reward because praising is less costly, can be used anywhere and anytime, and because it is more likely to be effective in creating warmer human relationships. (2) It teaches parents the use of mild social punishment or effective limit-setting as a method for decreasing the repeated misbehaviors of children. (3) It teaches the use of "time out from social interaction" as a consistent form of discipline to use when all else fails and the child's behavior has exceeded reasonable limits. (4) It teaches parents the use of ignoring or withdrawal of attention as another method for decreasing child misbehaviors.

Extensive role playing and skill rehearsal is used to teach these four basic methods. Each of the methods is broken into behavioral components. For example, social reward or effective praising is divided into seven behavioral components (looking at the child, moving close to the child, smiling, saying lots of nice things to the child, praising the behavior and not the child, being physically affectionate, and moving into action immediately upon recognizing desirable behavior). The instructor demonstrates the methods, both correctly and incorrectly, and the instructor and the parents critique the performance. Parents then go through the same sequence until

they have rehearsed them thoroughly and accurately.

The Confident Parenting version also teaches parents how to design and implement special incentive systems. These consist of having the child earn points, stars or other tokens for engaging in specified desirable behaviors. The child turns these in for various tangible rewards and/or privileges. These systems are employed when there is a history of negative parental control with little social reward. They are seen as vehicles for increasing the child's responsiveness to the more socially-oriented methods. These systems are always used in conjunction with praising and the child is always consulted in arriving at the tangible rewards to be used.

The first five training sessions are primarily concerned with learning the behavioral orientation and the basic skills. A variety of training methods are used in addition to role playing, demonstration and critique. The instructor presents the basic points through short lectures, and the parents read a book which further explains and exemplifies the methods. Parents complete a behavior problem check-list to help determine the focus of interaction problems. They complete a reinforcement survey to help understand those people, places, things and activities that affect their child's behavior. They engage in behavior change projects with their children that require the daily charting of behavior. The last five sessions are devoted primarily to these projects with the instructor offering individual consultation. Since it is the instructor's role to model all aspects of the program in how the group is conducted, the amount of individual consultation that is made available is dependent on the degree to which the parents follow through on the charting and implementation of the projects.

PERSONNEL FOR PARENT DEVELOPMENT PROGRAM

Very few communities in the United States have access to all of the types of parent training services that are potentially available. One reason for this is the absence of qualified personnel to deliver the services.

The Personnel for Parent Development Program (Alvy, 1977) is designed as a national model for training a variety of personnel to deliver a variety of parent training services. It currently consists of two types of training events which occur in sequence. The first event is a one day conference for mental health, social service and educational personnel to showcase different parent training approaches. The conference is intended to inform the personnel of a variety of approaches that are available and to interest them in wanting to be trained to deliver the services that follow from the approaches. The second event consists of intensive workshops to train personnel to deliver the services. The workshops occur a few months after the conference, and the conference participants are given priority consideration for enrollment.

The program was funded in July 1977 with a two year pilot project grant from NIMH. Two cycles of training events have been completed. The approaches that were showcased and taught were the three that were described earlier. We chose to start with these approaches because of practical reasons regarding our organizational resources and because the approaches meet certain replication criteria.

The Center for the Improvement of Child (CICC) is a membership based child advocacy and community service and research organization. Regular members and members of our Professional Advisory Council include some of the nation's leading authorities on child development, child

abuse and parent training. We relied on the guidance and availability of these persons in choosing the approaches.

We also relied on criteria that had to do with the likelihood that the approaches could be used in other communities that might decide to replicate the entire program. We applied three replication criteria. First, an approach had to have an already established curriculum and methodology for training parents. Second, it had to have an already established curriculum and methodology for training parent trainers. These curriculum and methodology criteria could be met through an approach having training manuals and procedures for both parents and for trainers. The third criterion had to do with person-power. The approach had to be in existence long enough to have generated qualified persons in different parts of the country who could lead the intensive workshops and serve as trainers of trainers. We employed these criteria because we did not want to use approaches that were so idiosyncratic to Los Angeles and the parent training expertise that exists in Los Angeles that other communities would be unable to replicate the program.

The version of the approaches which we used met the curriculum and methodology criteria: each had a parent's manual or book and a trainer's manual for conducting a parent training group. Further, each approach is associated with a national organization that could serve as a resource for finding trainers of trainers in different parts of the country (American Association for the Advancement of Behavior Therapy, Effectiveness Training Incorporated, and the North American Society for Adlerian Psychology).

The general goal of the pilot project was to determine if this particular conference-plus-workshop model was effective in attracting and training personnel to deliver

parenting services. The first training cycle was undertaken with a good deal of excitement and fear. Nothing quite like this had ever been attempted and we were not sure what to expect. The first cycle was viewed as a major learning experience out of which an improved second cycle would be designed.

Pilot Phase. Modest enrollment fees were charged for the conferences and workshops and continuing education credits were made available. The publicity was directed primarily toward mental health professionals and agencies. At the time of the first conference (Fall 1977) only a handful of the hundred or so mental health and social service agencies in Los Angeles were offering any parent training service and even fewer had ever offered a formally structured class based on a specific approach.

The conferences were for one day and they were held in a small auditorium at a community mental health center. Each conference had the same structure: an overview of parent training, presentations on each of the three approaches by experts and/or originators of approaches, and a panel discussion among the presenters to clarify and exemplify differences and similarities. Each presentation included question and answer opportunities, and the audience also discussed the approaches with the presenters during the panel discussion.

The conferences were evaluated in terms of whether they attracted the appropriate personnel and stimulated any of them to enroll in the workshops. They were also evaluated in terms of what the participants learned, as indexed by participant evaluations at the end of the one day conference and at a three month follow-up interview.

Each workshop was designed for a maximum of 15 participants each. During the first training cycle one of the three workshops was conducted at another facility but all

three of the second cycle workshops were conducted at CICC. During the first cycle each of the three workshops varied in terms of structure and length, and additional structural and length changes were made in the second cycle. We also included a special orientation meeting for all of the second cycle workshop participants that was held before their skill training sessions began. The changes that were made in the second cycle were intended to avoid problems that we encountered in the first cycle and to improve the overall training model.

The P.E.T. workshop in the first cycle consisted of two consecutive weekends of training, Friday night and all day Saturday and Sunday. These were skill development sessions and there were no follow-up sessions to help the participants in setting up groups or in giving them supervisory feedback after they had started training parents. The second cycle workshop was on two non-consecutive weekends and there were three follow-up sessions one month apart. Both P.E.T. workshops were conducted by the same national trainer from the Effectiveness Training organization, and the workshops were similar to the instructor training workshops which that organization has been conducting for several years.

The first cycle S.T.E.P. workshop consisted of 10 two-hour training sessions. The first eight were taught on consecutive weeks and were designed primarily for skill development. The last two sessions were of a follow-up variety and they ocurred at one month intervals after the eighth skill development session. The second cycle workshops had the exact same format except the sessions were for three hours each. Both workshops were conducted by the same Adlerian psychologist who developed his own methodology for teaching the S.T.E.P. program.

The first cycle Social Learning workshop (Systematic

Parent Training) had the exact same format as the first cycle S.T.E.P. workshop. It was conducted by two trainers from the neuropsychiatric clinic at a local university where this version was originally developed. The second cycle workshop (Confident Parenting) consisted of one full day of training followed by several half-day sessions spread over three months. This workshop was conducted by a psychologist who had trained trainers in this version of the Social Learning approach as part of the NIMH project where the version was originally developed.

The workshops were evaluated in terms of whether the training was of sufficient quality and quantity to enable the participants to develop the skills which are necessary to deliver parent training services. Skill development was evaluated through a variety of measures, most of which were developed for this project and which underwent modifications from one cycle to the next. Written and rated evaluations by the workshop trainers and content exams were used. The participants contributed by providing rated and narrative evaluations during the workshops and during a follow-up telephone interview that took place several months after the last workshop session.

The workshops were also evaluated in terms of how the participants were utilizing the skills they had learned in the workshops. Skill utilization was assessed during the follow-up telephone interviews. For the first cycle, these interviews took place six months after the last session of each workshop. For the second cycle they took place three months after the last session.

The Conferences. We viewed these conferences as not only serving the purposes of showcasing parent training approaches in order to interest the participants in taking the workshops, but also as an opportunity to obtain

information about how human service personnel understand and value parent training services. We inquired about these matters in the questionnaire that was completed at the conferences and during the three month follow-up interview.

A great deal of information was collected. We will only report some of the data here, indicating the number and backgrounds of the participants, what they conveyed about their own parent training experiences, what they reported learning from the conferences, and how they related to the subsequent workshops.

The 1977 conference was attended by 78 persons from 46 different agencies or organizations, and the 1978 conference by 76 persons from 45 different agencies or organizations. A total of 148 of these people completed the conference questionnaire and most of these persons were available for the three month follow-up.

Table 1 contains a summary of some of the characteristics of the participants. They were primarily from mental health agencies and they represented a wide spectrum of human service professions except psychiatry. Thus, aside from psychiatry's absence, the conferences were successful in attracting the targeted personnel. Table 1 also indicates that the vast majority of participants were women, and that social workers were represented more than other professions.

INSERT TABLE 1 HERE

We asked the participants if they were currently delivering parent training services and if they had received training to deliver the services. Of the 141 respondents at the two conferences, 99 indicated that they were cur-

Table 1

1977 and 1978 Conference Participants:
Gender, Agency Classification and Professions
(N=148)

	N	%
Gender		
Female	116	78
Male	32	22
Agency		
Mental Health	88	60
Social Service	21	14
Education	30	20
Other	9	6
Profession		
Psychiatry	0	0
Psychology	19	13
Social Work	52	35
Education	15	10
Counseling	20	13
Nursing	13	9
Other	29	20

rently delivering parent training services. When asked to describe the services, only sixteen persons indicated that they were delivering a theoretically-based parent training service; the majority were very vague in describing the exact services which they were delivering. Of the 99 persons who represented themselves as delivering these services, only 21 reported that they had received any formal training to deliver parent training services. When asked to rate the importance of parent training skills in relation to their work, the participants rated them higher than family therapy, marital counseling and individual therapy skills.

Thus, with this self-selected sample of human service personnel, (1) parent training skills were viewed as very important in relation to their work, (2) the majority said they were currently delivering parent training services, and (3) only a minority (21%) had received specialized training to deliver parent training service.

Several items in the conference questionnaire and in the follow-up interviews were relevant to what the participants learned. Two themes emerged from the responses: the conference provided an excellent opportunity to contrast and compare different methods for training parents and it led to a broader appreciation of what would be helpful in dealing with child-parent problems. The majority of participants remarked very favorably about the structure and content of the conference because it afforded unique opportunities for contrasting and comparing methods. The majority found it especially useful for their work because it opened up another option for them to think about and use in helping parents with their child rearing problems. What the conference seemed to catalyze was an increased awareness that the three parent training approa-

ches that were showcased were viable additions to the traditional psychotherapeutic, counseling and social service methods for helping parents.

Many of the conference participants were impressed to the extent that they enrolled in the subsequent workshops. Of the 89 persons who enrolled in the intensive workshops, 42 had attended one of the conferences.

The Workshops. Persons who were deciding whether to enroll had to weigh the benefits of participating in the multiple session workshops against the costs. In this cost/benefit weighing, they had to choose from among three workshops that not only varied in terms of content but in terms of the times and days they were offered. They had to decide if their personal and professional lives could tolerate the major departure that workshop participation required. They also had to decide if they could afford the $75 to $125 workshop enrollment fees. For many, they had to make special arrangements with their agencies in order to participate, and in making these arrangements they were confronted with how willing and able their agencies were to support their participation and to eventually support the delivery of parent training services under their auspices. Many of these persons called us. We engaged in extensive dialogues to assist them in clarifying the issues for themselves and to encourage them to enroll.

We also called or visited mental health agencies to stimulate workshop participation. We contacted all of the community mental health centers, county mental health clinics, child guidance clinics and psychiatric hospitals in the Los Angeles area. We talked with administrators and service directors in each of these settings. Very few were supportive of underwriting or encouraging staff in-

volvement. The workshop enrollment fees were a problem. Also at monetary issue was who would pay for the parent training services that their staffs would eventually deliver. There were no provisions in their county and state service contracts for reimbursement for delivering parent training services and the majority of their clients couldn't afford to pay for them. Some of these persons questioned whether it was appropriate for treatment agencies to offer training services. Others were defensive about the idea because their staffs were very well trained and were already offering some parent training services, though they could not describe the previous training or the type of parent training services they were offering. Also at issue for these persons was whether their agency was to support any one approach to parenting. These people had not attended the conferences and were not well informed about the approaches. They were not coming from a very strong knowledge base and they were put off by the idea of their agency promoting any one way to be an effective parent. Some were particularly turned off by the Social Learning approach because of the "bad image" which behavioral approaches have in the local professional community.

It was clear that we were going to have difficulty in filling the workshops if we were to rely soley on personnel from the mental health field, which is what we originally had intended to do. We felt an obligation to do this becuase we were being supported by grant funds from NIMH and because we believed that the workshops would be more cohesive and effective if the participants were from similar professions and from the same service delivery system. But we had to back off on these ideas if we wanted to fill the workshops.

The result was that each workshop was composed of a

very heterogeneous group of human service personnel, including one or two persons per workshop who were in private professional practice or who were paraprofessionals with little formal training. Tables 2 and 3 contain summaries of some of the participants' characteristics. The participants represented a wide variety of human service agencies with mental health agencies having the highest representation. They came from a variety of professions with social work being the majority. This pattern turned out to be very similar to that of the conferences, and again the vast majority of participants were women.

INSERT TABLE 2 HERE

INSERT TABLE 3 HERE

A total of 60 different agencies were represented. It was rare that any workshop was composed of more than two persons from the same agency. The exceptions were the 1977-1978 Adlerian and Social Learning workshops. The 1977-1978 Adlerian workshop attracted five child welfare workers from the Los Angeles County Department of Adoptions (the Director of Training in that Department subsequently enrolled in the 1978-1979 Adlerian workshop). The 1977-1978 Social Learning workshop had six teachers from a school districts' program for developmentally disabled children.

The agency positions of the participants were varied, as were their job responsibilities. There were three directors of agencies, including the director of a community mental health center. There were three department or service directors. The vast majority were line staff within

TABLE 2

1977-1978 Workshop Participants:
Gender, Agency Classification and Professions

	Client-Centered (P.E.T.) N=15	Adlerian (S.T.E.P.) N=15	Social Learning (S.P.T.) N=14	Workshop Totals N	%
Gender					
Female	12	13	11	36	81.8
Male	3	2	3	8	18.2
Agency					
Mental Health	7	8	4	19	43.2
Social Service	3	5	2	10	22.7
Education	5	2	7	14	31.8
Other	0	0	1	1	2.3
Profession					
Psychiatry	0	0	1	1	2.3
Psychology	4	2	1	7	15.9
Social Work	8	10	3	21	47.7
Education	1	1	5	7	15.9
Counseling	1	0	1	2	4.5
Nursing	1	0	1	2	4.5
Other	0	2	2	4	9.2

TABLE 3

1978-1979 Workshop Participants:
Gender, Agency Classification and Professions

	Client-Centered (P.E.T.) N=15	Adlerian (S.T.E.P.) N=15	Social Learning (*) N=15	Workshop Totals N	Workshop Totals %
Gender					
Female	11	14	12	37	82.0
Male	4	1	3	8	18.0
Agency					
Mental Health	7	10	8	25	55.6
Social Service	3	3	5	11	24.4
Education	3	2	2	7	15.5
Other	2	0	0	2	4.5
Profession					
Psychiatry	0	0	0	0	0
Psychology	5	1	4	10	22.0
Social Work	9	9	6	24	53.0
Education	0	1	1	2	4.5
Counseling	0	2	3	5	11.0
Nursing	1	1	0	2	4.5
Other	0	1	1	2	4.5

* Confident Parenting

various departments and services where their job responsibilities included the direct delivery of psychotherapy, counseling, social or educational services to individual children, parents and families. Many of them also had private practices and some were affiliated with more than one agency.

As has been indicated, the workshops were evaluated through many measures of skill development and skill utilization. One of the skill development measures was the narrative and rated evaluation of each participant by the workshop trainers. The trainers were asked to assess whether each participant had absorbed the content of the particular approach and had demonstrated that they could teach the approach. About 80% of all workshop participants were assessed as having developed the necessary knowledge and training skills to qualify them to deliver the parant training services. A minority in each workshop was assessed as needing additional work. Other measures of skill development revealed a similar pattern: a small percentage clearly needed more training but the majority seemed well prepared to deliver the services.

The follow-up interviews were the vehicles for assessing skill utilization. Structuring the utilization section of the interviews was a real challenge in terms of being able to capture the amount and diversity of use which the participants might make of the training. One reason for this was that we were not aware of any published reports of programs to train parant trainers that would alert us to the uses which might be made of the training.

We had hoped that the participants would use the training to conduct structured parent training courses in their agencies or to train parents on an individual basis. We

had some personal communications from organizations that had run similar workshops that these outcomes do happen. The Effectiveness Training organization that has been training P.E.T. instructors for several years informed us that about 30% of the persons who they have trained through similar workshops eventually conduct standard P.E.T. classes. The originator of the version of the Social Learning approach that was used during the first cycle, Systematic Parent Training, indicated that several of the persons trained in that approach eventually did train parents on an individual basis, but rarely on a group basis. Persons from the NIMH-supported program that developed the Social Learning version used in the second cycle, Confident Parenting, indicated that several persons who they had trained eventually ran parent training groups but some did not start the groups until a year or more after their own workshop training. So we had some information about what to expect from some workshops and no information on what to expect from others (the Adlerian workshops). We also had information to indicate that the six and three month follow-up periods might not be long enough to discover any program effects.

We mulled over this information, made some assumptions about what professionals might do with the training, and created several questions to ask during the first follow-up interviews. Those interviews were with the graduates of the P.E.T. workshop of the first training cycle. We asked those persons if they had (1) started P.E.T. groups, (2) trained parents on an individual basis, (3) trained parents as part of other services such as family therapy, (4) used the skills themselves in treating or relating directly to clients, (5) trained other persons to use the skills, and (6) delivered presentations on parent training.

We also asked them to estimate the number of persons who they impacted through all six of these major types of utilization and the ethnic groups of the impacted persons. We asked these same questions during the follow-up interviews with the workshop graduates of the other first cycle workshops, and we also asked them to give us the exact number of persons impacted by each of the six types of utilization.

We made several modifications on these utilization questions for the second training cycle. We learned that there were several variations within each major type and we learned that it was often difficult to distinguish one type from another unless the questions were phrased carefully. So the follow-up interviews for the second cycle were more differentiated and exact.

In presenting the utilization data, we will first report on the general findings for each cycle of workshops. Then we will amplify on these findings by illustrating and discussing each of the six types of utilization.

INSERT TABLE 4 HERE

Table 4 contains a summary of the utilization data for the 1977-1978 workshops. It indicates that graduates from all three workshops made multiple uses of their training and that they impacted nearly 5,000 persons over the six-month period following the end of the workshops. Nearly all of the graduates used the training in three ways: to train parents as part of other services, to deliver presentations on parent training, and to incorporate the skills into how they themselves relate directly to clients. Nearly half of the graduates initiated and conducted parent training groups and trained parents on an individual basis, and

TABLE 4

1977-1978 Training Workshops:
Number of Graduates Engaging in Each Type of Training Utilization and
Number of Persons Impacted by Each Type as Reported by Graduates
at Six Month Follow Up

Type of Utilization	Client Centered (P.E.T.)			Adlerian (S.T.E.P.)			Social Learning (S.P.T.)		
	Graduates (N=14)*	Persons Impacted		Graduates (N=13)*	Persons Impacted		Graduates (N=12)*	Persons Impacted	
		N	%		N	%		N	%
Trained Parents in Groups	6	NA	NA	10	364	14.6	3	41	3.7
Trained Parents Individually	11	NA	NA	4	19	.8	3	26	2.7
Trained Parents as Part of Other Services	14	NA	NA	12	592	23.8	11	365	33.7
Used Skills in Relating Directly to Clients	14	NA	NA	12	497	20.0	10	318	29.4
Trained Others to Use Skills	4	NA	NA	8	127	5.0	5	41	3.7
Delivered Presentations	13	NA	NA	13	894	35.8	11	290	26.8
		1,413**			2,493	100.0		1,081	100.0

TOTAL PERSONS IMPACTED = 4,987

* N = Number of Graduates available for six month follow up interview.
** Graduates' estimate.
NA Information not available.

over a third trained others to use the skills. The ethnic breakdown of the nearly 5,000 persons impacted was 63.8% Anglo, 9.3% Black, 24.6% Hispanic, 1.1% Asian, and .2% other minority.

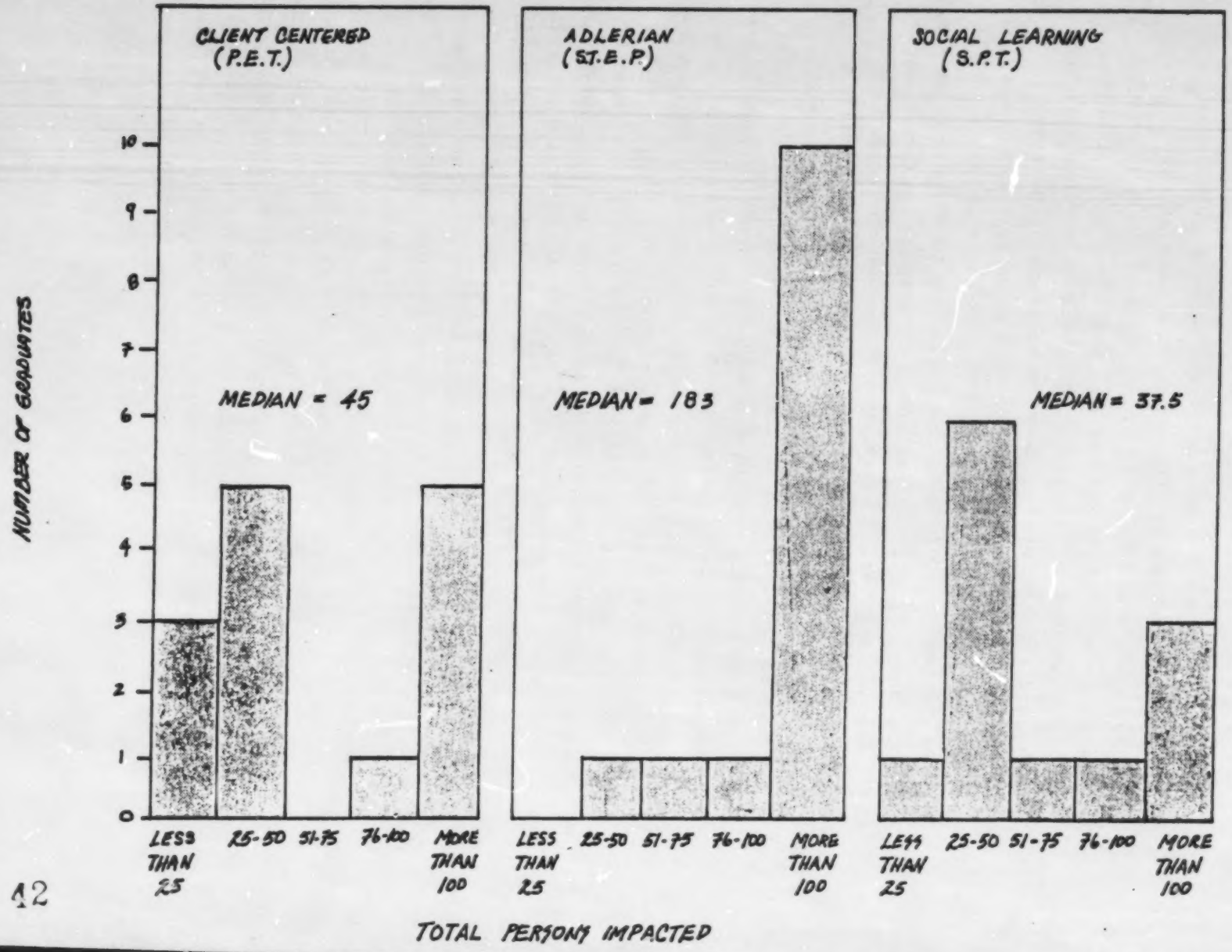
There was a high degree of variability between the workshops in regard to utilization. The S.T.E.P. workshop produced the greatest overall utilization, and this was particularly true for training parents in groups. Ten of the thirteen graduates of that workshop had trained parents in groups in comparison to six from P.E.T. and only three from the Social Learning workshop. The latter result was expected since the Social Learning version used during this cycle did not emphasize training parents in groups.

There was also a high degree of variability within each workshop in regard to the number of persons impacted by each graduate. Figure 1 illustrates this variability.

INSERT FIGURE 1 HERE

The average number of persons impacted by the 14 graduates of the P.E.T. workshop was 45 and the range of persons impacted by each graduate was from 5 to 500. The average number of persons impacted by the 13 graduates of the S.T.E.P. workshop was 183 with 10 of those graduates impacting more than 100 persons each. The range of persons impacted by these S.T.E.P. graduates was from 49 to 352. The average impacted by the 12 graduates of the Social Learning workshop was 37.5 with a range of 23 to 425. Thus, all graduates of all workshops impacted some persons, but some of the graduates were much more productive than others. The S.T.E.P. workshop graduates were uniformly the most productive, though there were individual graduates

FIGURE 1. [illegible]
NUMBER OF GRADUATES WHO IMPACTED
VARYING NUMBERS OF PERSONS AT
SIX MONTH FOLLOW UP.



from the other two workshops who were as productive.

Before turning to the comparable data for the 1978-1979 workshops, it is important to keep in mind several issues about those workshops. There was greater emphasis placed on having the participants train parents in groups. We did this because we considered training parents in groups as the main usage for which the workshops were preparing the participants. The stronger emphasis was reflected in conducting new follow-up sessions in the P.E.T. workshop, and it was reflected in using a different version of the Social Learning approach which focused on training parents in groups. Another important difference with the 1978-1979 cycle was that we made major modification in the follow-up interview questions about utilization. We not only asked for much more specific information about each type of usage but we also changed the ways we inquired about different usages. For example, in inquiring about whether the graduates had used the skills in relating directly to clients, we previously had asked if they had done this and how many clients had they done this with. We had found out from the previous cycle that this was one of the major uses, so we wanted to learn slightly different information during the second cycle. Thus, rather than asking how many clients they had done this with, we asked them to rate how often they had used their training in this way and to tell us why they had used it in this way. One result of this modification was that we did not collect data on the number of persons impacted through this type of utilization. The third thing to keep in mind as we turn to the utilization data for the 1978-1979 cycle is the fact that the follow-up interviews were conducted <u>three months</u> after the close of the workshops rather than <u>six months</u> afterwards. This was done so that all of the

project data would be collected within the two year grant period for the pilot phase. This meant that the project had half as much time to demonstrate utilization effects for the second workshop cycle as it had for the first.

INSERT TABLE 5 HERE

Table 5 contains a summary of the utilization data for the 1978-1979 workshops. It indicates that the graduates from this cycle also made multiple uses of the training and that they had impacted nearly 3,000 persons over the three month period. Nearly all of the graduates had used the training to deliver presentations on parent training and had incorporated the skills into how they related to clients. More than half of the graduates had initiated and conducted parent-training groups, had trained parents individually, and had trained parents as part of other services. Over a third had trained others to use the skills which they learned in the workshops. The ethnic breakdown of the nearly 3,000 persons impacted was 72.8% Anglo, 7.8% Black, 16.9% Hispanic, 2.3% Asian, and .2% other minority.

In terms of overall utilization, this cycle of workshops may have been more productive than the first because more than half as many persons were impacted in half as much time, even though there were no data collected for this cycle on the number of persons impacted through one of the six major types of utilization (using the skills in relating directly to clients).

This cycle was clearly more productive in terms of the graduates training parents in groups. The added emphasis on this type of utilization was effective since 58% (25)

TABLE 5

1978-1979 Training Workshops:
Number of Graduates Engaging in Each Type of Training Utilization and
Number of Persons Impacted by Each Type as Reported by Graduates
at Three Month Follow Up

Type of Utilization	Client Centered (E.E.T.)			Adlerian (S.T.E.P.)			Social Learning (Confident Parenting)		
	Graduates (N=13)*	Persons Impacted		Graduates (N=15)*	Persons Impacted		Graduates (N=15)*	Persons Impacted	
		N	%		N	%		N	%
Trained Parents in Groups	7	213	21.0	8	183	21.6	10	180	15.9
Trained Parents Individually	8	60	6.0	6	87	10.3	10	44	3.9
Trained Parents as Part of Other Services	6	80	8.0	9	65	7.7	12	175	15.5
Used Skills in Relating Directly to Clients	11	NA	NA	13	NA	NA	13	NA	NA
Trained Others to Use Skills	2	42	4.0	7	77	9.1	10	105	9.3
Delivered Presentations	13	629	61.0	15	434	51.3	14	625	55.4
		1,024	100.0		846	100.0		1,129	100.0

TOTAL PERSONS IMPACTED = 2,999

* Number of Graduates available for three month follow up.
NA Information not available.

of the graduates of this cycle trained parents in groups as compared to 49% (19) from the first cycle; and these graduates only had three months to get their groups going. The biggest change was with the Social Learning workshop where 10 graduates from this cycle trained parents in groups as compared to only three from the first cycle. The result was expected since the Social Learning version used in this cycle emphasized training parents in groups.

In contrast to the first cycle, there was less variability in number of persons impacted among the three workshops. Whereas in the first cycle the S.T.E.P. workshop produced much greater overall effects, all of the workshops in this cycle tended to produce similar effects. However, in terms of the graduates engaging in all six types of utilization, the Social Learning workshop produced the most varied and extensive usage per graduate: at least two thirds of those graduates engaged in each of the six types of utilization.

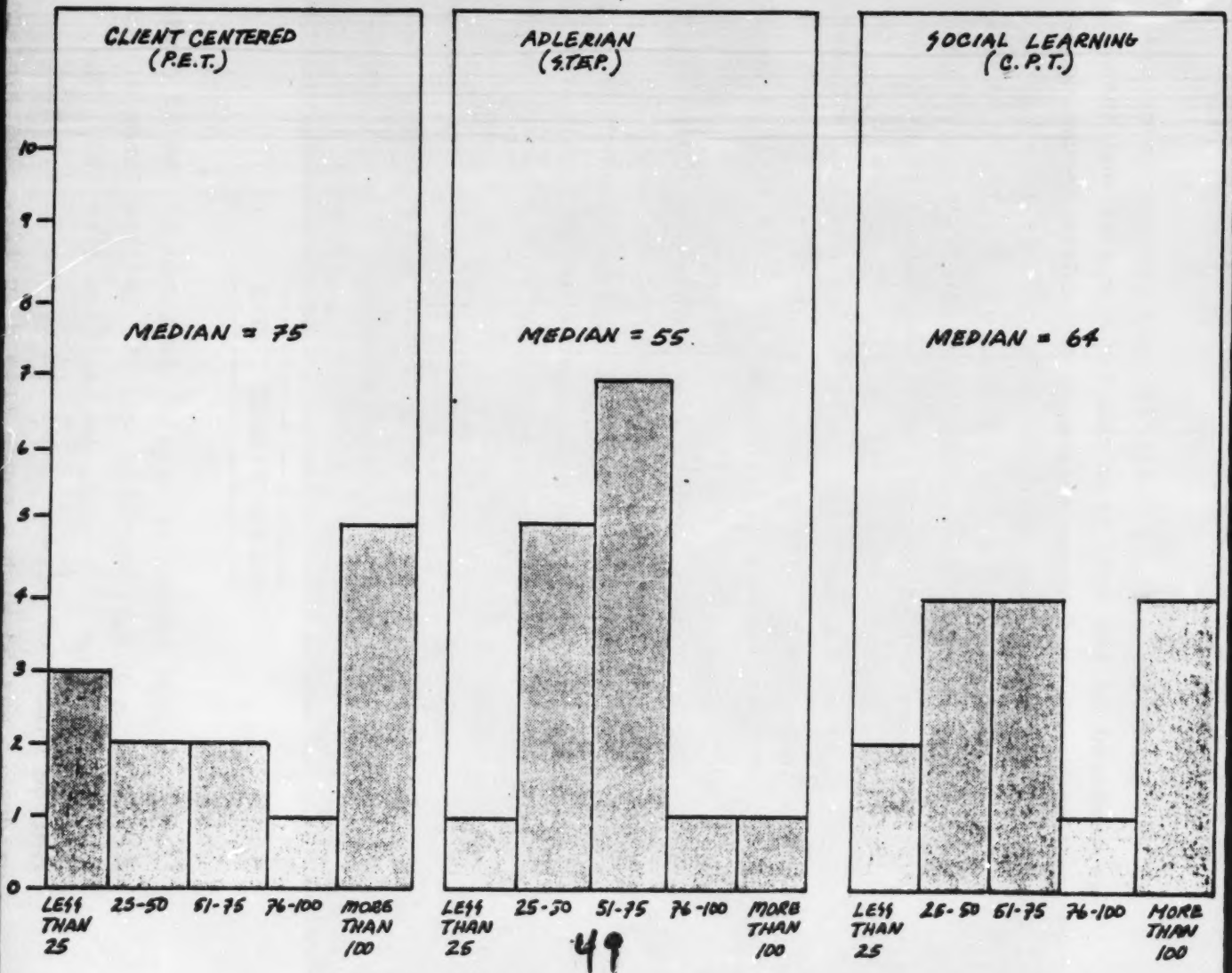
As was true of the first cycle, there was a great deal of variability within each workshop in regard to the number of persons impacted by each graduate. Figure 2 illustrates this.

INSERT FIGURE 2 HERE

The average number of persons impacted by the 13 graduates of the P.E.T. workshop was 75, and the range of persons impacted by each graduate was from 2 to 192. The average number of persons impacted by the 15 S.T.E.P. graduates was 55 with a range from 8 to 122. The average impacted by the 15 graduates of the Social Learning workshop was 64 with a range from 13 to 160.

The utilization data from both training cycles clearly

FIGURE 2. 1978-1979 TRAINING WORKSHOPS: NUMBER OF GRADUATES WHO IMPACTED VARYING NUMBERS OF PERSONS AT THREE MONTH FOLLOW-UP



demonstrate the extent of usage which the graduates made of the workshop trainings. It is impressive in and of itself, and it speaks very highly for the efficacy of the training model. Equally as impressive and equally as instructive are the creative and varied uses which the graduates made within each major type of utilization.

In regard to training parents in groups, three subcategories of utilization were noted. Many of the graduates used their training to conduct structured parent training courses in their agencies. Others used it to conduct structured parent training courses at churches or within their private practices. And others incorporated segments of the structured courses into other parenting groups that they were leading, such as incorporating segments on active listening, encouragement or praising into parent education groups for Head Start mothers or foster or adoptive parents.

Many graduates reported having difficulties in getting their agencies to support structured parent training courses. Advertising, recruiting and scheduling for an eight to ten week course within agencies who normally do not deliver this type of service is always difficult and it requires a tremendous amount of effort and dedication. Many of the graduates were ready to do this but they were often frustrated by their agencies. Part of the frustration stemmed from the agencies lack of willingness or ability to pay for the costs of the courses. This was particularly true for the P.E.T. courses because a $20 per parent trained fee had to be paid to the Effectiveness Training organization for educational materials and support supplies. Enthusiastic efforts to start courses often came to an abrupt halt when an administrator said there was no money for educational supplies. Some of the graduates were able to negotiate beyond this point and were successful in getting their agencies to find the necessary monies.

Others were stumped and put their efforts into starting structured courses in other settings.

In regard to training parents on an individual basis, the usage ranged from conducting the entire structured course for one parent or couple to employing a segment or segments from a course to train one parent or couple. This usage was often hard to distinguish from "training parents as part of other services" because very few agencies were in the habit of assigning parents to therapists, counselors or workers solely for parent training.

In regard to training parents as part of other services, there were as many uses as there were other services that the graduates offered. Most of the graduates offered individual psychotherapy or counseling services, assessment services, or social services. Almost all of the parents who they saw for these services were experiencing troubled relations with their children. Previous to their workshop trainings, the graduates would understand the parents problems mainly in terms of psychodynamics or sociodynamics. But now the graduates could also understand the troubled relations in terms of ineffective child rearing methods and they would deal directly with the child rearing problems by training the parents in one or more of the skills they learned in the workshops. This happened with many of the graduates who conduct group and family therapy, and even with some who were involved in residential or day treatment programs.

In regard to using the workshop skills in relating directly to clients, nearly all of the graduates reported having done this to some extent. A few had integrated the skills so thoroughly that they used them as their basic strategy for communicating and relating to a variety of clients. Others used the skills in relating directly to child clients only. When asked why they used the skills

in these ways, the most frequent response was because they work. The skills which were most often used in these ways were the communication and problem solving skills from P.E.T. and S.T.E.P., and the praising and mild social punishment skills from the Social Learning workshops.

In regard to training others to use the skills, the few graduates who were bold enough to attempt this usage did it in several ways. Some did it by training groups of other staff members in the same multi-session manner that they experienced in their workshops. Others trained staff members to use one or more of the skills in relating directly to clients, especially to children. One particularly creative usage was when a graduate trained the staffs of several board and care homes for psychiatric patients how to use problem solving and democratic decision-making skills to conduct patient government meetings.

In regard to making presentations about parent training, the usages varied tremendously in terms of formality of the presentations and the audiences toward whom they were directed. Most of the graduates delivered presentations at staff meetings at their agencies. Some delivered presentations to other professional audiences at professional conventions and regional workshops. Some delivered presentations before community groups like P.T.A.'s and churches. Others made presentations in writing as part of newsletters, articles or grant proposals. One graduate shared the information with the staff of the Speaker of the California State Assembly and initiated an interest that could eventually culminate in state legislation about parent training. Nearly all of the graduates delivered informal presentations to friends and relatives including their own spouses and children. Through sharing their workshop experiences with friends and relatives, they became persons

to whom others would informally turn for child rearing help. One graduate reported that her presentation and her use of the skills was so convincing to her husband that he began using the skills with their children and with his co-workers at the office.

Discussion of Results. The overall results of the pilot phase testing of the training model were very positive.

The conferences attracted the appropriate personnel, and the participants were satisfied and enlightened. They constituted nearly half of the persons who enrolled in the intensive workshops.

The vast majority of the workshop participants were judged to have acquired the knowledge and skills to deliver parent training services. Many of the graduates made multiple and creative uses of their training. Many found the workshop experience to be both professionally and personally significant. As a group, the graduates impacted thousands of persons within a few months after the workshops. In light of what is know about similar workshops, the extent and variety of utilization was impressive.

The results also provide instructive data about how professional human service workers and their agencies value and relate to parent training, and data about how the training model might be modified to make it more effective.

Several results indicate that the persons who choose to be involved in the program valued parent training very highly. The conference participants rated parent training skills as more important than other skills in relation to their work; the majority of the conference participants represented themselves as delivering parent training ser-

vices; and most of the workshop graduates made extensive use of their training. The high value for parent training which these results indicate is similar to the value placed on such services by the child mental health and child abuse authorities mentioned earlier in this article (Alvy, 1975, 1977; DHEW, 1976a,b,c; Education Commission of the States, 1976; Fontana, 1973; Gil, 1973; Helfer and Kempe, 1974, 1976; Kessler and Albee, 1975; Mitre Corporation, 1977). All of these persons are witness to the sorrow and pain which breakdowns in child-parent relations bring for families and communities. Their confluence of valuing about parent training is undoubtedly a reflection of the needs of many contemporary parents for training in effective child rearing.

Yet these persons are not being prepared to deliver the types of services that they see as being so badly needed. Only 21% of the conference participants who said they were delivering parent training services had ever received any training to do so. This result speaks to the need for graduate training programs to incorporate parent training, as well as the need for continuing education programs like this one to be as effective and as appealing as possible.

Data from most of the mental health agencies who were contacted to involve their staffs in the program indicated that the program was not as appealing as it might have been. Part of the low agency appeal stemmed from the fact that they could not be reimbursed through their state and county service delivery contracts for delivering a parent training service. The state was also in the process of cutting back mental health services as part of the Proposition 13 fever. Thus, asking agencies to pay for staff members to take part in a program that would lead to a service for which they might not get reimbursed made the

program a low priority item. This understandable low prioritizing probably contributed to the poor agency support which many of the graduates faced in trying to start parent training groups in their agencies.

Other results which reflect the need for further refinement of the training model have to do with the high degree of variability between and within workshops in regard to utilization. For example, during the first cycle there was a large amount of variability between the three workshops in regard to the graduates training parents in groups. Also, during both cycles there was tremendous variability in the number of persons impacted by graduates within the same workshops. We conceptualize this variability as being a product of three interrelated sets of variables: program, trainee, and agency or system variables.

Training program variables include the primary emphasis of the program, the content and methodology of the training approaches and the particular versions used, the trainers chosen to conduct the workshops, the trainee selection criteria and process, and the contract between the training organization, the trainees and the agencies. When it was clear to us that not as many graduates of the first training cycle as we had expected were training parents in groups, we altered some of these program variables. We placed primary emphasis on this type of utilization at the new orientation session and had the trainers emphasize this also; we changed versions and trainers for one of the approaches; and we supplied additional training within each workshop in how to develop and implement parent training groups. We altered neither the trainee selection criteria and process nor the contract. The criteria was that the trainees be in the mental health,

social service, or educational fields, and they were enrolled on a first-come first-served basis. The contract for training was between us and the trainees and not their agencies. The program variables that we did change seemed to be effective since more second cycle graduates trained parents in groups. Possibly, changes in the other program variables would have produced even more of this type of utilization.

Trainee variables include personality characteristics, gender, ethnicity, profession and education. No formal attempt was made to influence these variables other than restricting workshop enrollment to human service personnel. It is our impression that the variability between and within workshops was mediated greatly by the trainees' personality characteristics and especially by a characteristic that might be called entrepreneurship. The most productive graduates had a great deal of energy and enthusiasm for parent training which they channeled into contacting, influencing and organizing the persons and groups that were needed in order for them to be able to deliver parent training services. These graduates would not take no for an answer and they would persist until they were successful.

Agency or system variables include the values which agencies hold about parent training as a community service, and the resources they have available to promote and support this type of service. We attempted to influence positive agency valuing through all program activities and particularly through the conferences. We were relatively helpless in doing much about agency resources, as may be obvious from the previous discussion of the lack of agency incentives for delivering parent training services.

Another result which has implications for training program modification was the fact that many of the persons

who the graduates impacted were minorities. This certainly was expected and it was also expected to raise questions about the graduates' abilities to take into consideration ethnic group and social class differences in child rearing. This issue was discussed at the conferences and in the workshops, but no specific information or training was made available on how best to take these into consideration.

Another issue that was anticipated and which did arise was the absence of child development information in any of the approaches. None of the approaches conveys strictly developmental information about the capacities and limitations of different aged children. The approaches teach child rearing skills that are supposed to be appropriate for children of all ages, and therefore they can be considered as adevelopmental. Yet parents ask for and need developmental information. And they certainly ask it from people who serve as parent trainers. Here, as with the minority issue, it was up to the graduates themselves to possess and/or develop this knowledge on their own and not through any program vehicle.

Expansion Phase. The success of the program and the need for modifications led us to propose an expansion project to NIMH. A three year project was approved and funding began in July 1979. It consists of developing and using additional training modules, conducting additional cycles of training based on different contractual agreements with trainees and agencies, and evaluating the effects of the program on the graduates, the parents they train and their agencies.

The first year consists of several research and development activities. Parent training groups led by selected graduates will be systematically evaluated, and all of

the graduates of the two pilot phase cycles will be interviewed in greater detail to explore (1) increases or decreases over time in their utilization of the training, (2) their assessment of the effectiveness of the parent training services they are delivering to various types of parents, (3) the types of developmental information that parents request, (4) the types of marketing problems and successes they have encountered in delivering the services within agencies, and (5) the impact on their agencies of their having participated in the training.

The first year will also consist of developing two new training modules which will become part of the expanded training program. One module will be a course for parent trainers in Child Development and Cultural Differences in Child Rearing. Several data bases will be used in developing this course: data from the interviews with the pilot cycle graduates; research studies on the developmental information needs of parents which have been conducted under grants from the Administration for Children, Youth and Families; studies on minority child rearing patterns which have bee summarized by NIMH's Minority Group Research and Development Centers; and the general body of knowledge in child development, child-parent relations and cultural differences. The second new module to be developed will be a workshop in the Marketing of Parent Training Services in Public Agencies. Data from the pilot phase graduates will be used here also, and marketing and advertising firms will be consulted.

The second year will be a cycle of the expanded training program. It will consist of the conference, the three workshops, the Child Development course for workshop trainees, and the Marketing workshop for the trainees and an administrator from their agencies. The cycles will be for mental health agencies and personnel only and no enrollment fees will be charged. Participation at the conference

will be on an invited basis for the boards of directors, advisory councils, administrative and clinical staffs of the major mental health agencies. Agencies represented will nominate staff persons for the available training slots. If selected, they will be required to deliver parent training services through their agencies. Thus, the training contract will include the agencies and will require utilization within the agencies. Follow-up interviews with graduates of this cycle will also take place and selected parent training groups will be evaluated.

The third year will consist of another expanded training cycle for educational personnel from schools and child care agencies. These personnel may be in more advantageous positions as parent trainers since they have easier access to groups of parents. They also relate to many parents whose children are not considered emotionally disturbed or abused, and therefore their delivery of a parent training service is more likely to serve primary prevention purposes. The same contractual arrangements will be made with these personnel and agencies. Follow-up interviews with graduates and evaluations of selected parent training groups will occur.

In terms of the important issue of parent trainers considering ethnic differences in child rearing, the expanded training model is responsive since it provides information that will help graduates be more knowledgeable and sensitive. But this improvement only deals with the trainers. It does not deal with whether the approaches themselves, the child rearing values which they reflect and promote, the skills and examples which they use, are sensitive to and appropriate for parents of different ethnic groups or cultures.

We have proposed a research project called Culturally-

Adapted Parent Training which will help answer these important questions. The project will use data from low income Black and Hispanic parents and a panel of Black and Hispanic professionals to establish guidelines for modifying the approaches with these groups. This three year research project has also been approved by NIMH and funding began in October 1979.

In conclusion, parent training is clearly one of the most valuable community services in the eyes of child mental health and child abuse authorities. The Personnel for Parent Development Program has demonstrated ways that mental health, social service and educational personnel can be trained to deliver a variety of parent training services and thereby make them more available to more parents. The program's pilot testing has been successful enough to warrant the support of additional federal funds to refine, expand and further evaluate it.

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